

THIS FORM IS FOR INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 04/677284

Total Fee Calculation

	Fee Code	Total # Claims	Number Exam	X	Fee	Fee	Total
					Dom. Search	Ly. Search	
Basic Filing Fee	200.00					<u>710</u>	
Total Claims > 10	200.00	<u>11</u>	<u>1</u>	<u>1</u>			
Independent Claims > 1	200.00	<u>2</u>	<u>1</u>	<u>1</u>			
Multi-Dep. Claim Premium	200.00					<u>130</u>	
Surcharge	200.00						
English Translation	100						
<u>TOTAL FEE CALCULATION</u>							<u>840</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 840

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 840

[Signature]
Office of Initial Patent Examination

Figure 7